

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL# <div style="font-size: 1.2em; font-family: cursive;">10735698</div>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
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TOTAL CLAIMS								TOTAL CLAIMS			

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CLAIMS													
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TOTAL CLAIMS							TOTAL CLAIMS						

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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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